



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region 10  
2201 Sixth Avenue, MS/RX-43  
Seattle, Washington 98121

November 10, 2009

Susan Dreyfus, Secretary  
Department of Social and Health Services  
Post Office Box 45010  
Olympia, Washington 98504-5010

RE: Washington State Plan Amendment 09-017

Dear Ms. Dreyfus:

The Centers for Medicare & Medicaid Services (CMS) Pharmacy Team recently approved Washington State Plan Amendment (SPA) 09-017.

Although the Pharmacy Team has already sent the State a copy of the approval for this SPA, the Seattle Regional office is following up with an additional copy for the reason that we were in receipt of the original, signed amendment request.

Therefore, enclosed you will find a copy of the official CMS form 179, amended page(s), and copy of the approval letter from the Pharmacy Team for your records.

If you have any questions concerning the Seattle Regional office role in the processing of this state plan amendment, please contact Daphne Hicks at (206) 615-2400 or [Daphne.Hicks@cms.hhs.gov](mailto:Daphne.Hicks@cms.hhs.gov).

Sincerely,

*Barbara K. Richards* <sub>by JAS</sub>

Barbara K. Richards  
Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

Enclosure

Cc: Douglas Porter, Assistant Secretary

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, MD 21244-1850



**Center for Medicaid & State Operations**

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Disabled and Elderly Health Programs Group

October 23, 2009

Susan Dreyfus, Secretary  
Department of Social and Health Services  
P.O. Box 45010  
Olympia, WA 98504-5010  
Attn: Ann Myers

Dear Ms. Dreyfus:

We have reviewed Washington State Plan Amendment (SPA) 09-017, received by the Centers for Medicare & Medicaid Services on June 18, 2009, which updates the list of covered excluded drugs. This amendment updates the list of covered excluded drugs in Attachments 3.1A and 3.1B, pages 32a and 32b. We are pleased to inform you that the amendment is approved, effective July 1, 2009.

If you have any further questions regarding this approval, please contact David Moscovic at (410) 786-4693.

Sincerely,

<sup>for</sup>  
Larry Reed  
Director  
Division of Pharmacy

cc: Barbara Richards, ARA, Seattle regional Office  
Maria Garza, Seattle Regional Office

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**09-017**

2. STATE  
Washington

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
~~July 1, 2009~~ September 1, 2009 (P+I)

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2009 \$(2,382)

b. FFY 2010 \$(19,061)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A pages 32a, 32b

Attachment 3.1-B pages 32a, 32b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 3.1-A pages 32a, 32b

Attachment 3.1-B pages 32a, 32b

10. SUBJECT OF AMENDMENT:

Pharmacy OTC

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Susan N. Dreyfus

14. TITLE:

Secretary

15. DATE SUBMITTED:

6/18/09

16. RETURN TO:

Ann Myers

Department of Social and Health Services

Health and Recovery Services Administration

POB 5504

Olympia, WA 98504-5504

(MS: 45504)

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

JUN 18 2009

18. DATE APPROVED:

OCT 22 2009

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

SEP - 1 2009

20. SIGNATURE OF REGIONAL OFFICIAL:

Barbara K. Richards by 705

21. TYPED NAME:

Barbara K. Richards

22. TITLE:

Associate Regional Administrator

23. REMARKS:

Division of Medicaid &  
Children's Health

Pen and Ink changes authorized by the State on 9/28/09.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL  
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

## 12. a. Prescribed Drugs (continued)

(12) CitationProvision

1935(d)(1)

The Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

1927(d)(2) and  
1935(d)(2)

(a) The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit –Part D.

X **The following excluded drugs are covered:**select

(i) Agents when used for anorexia, weight loss, weight gain: progestin derivative appetite stimulant, androgenic agents

no

(ii) Agents when used to promote fertility

no

(iii) Agents when used for cosmetic purposes or hair growth

select

(iv) Agents when used for the symptomatic relief of cough and colds: antitussives, expectorants, decongestants, nasal spray, and only the following generic, single ingredient formulations:

- guaifenesin 100mg/5ml liquid or syrup;
  - dextromethorphan 15mg/5ml liquid or syrup;
  - pseudoephedrine 30mg or 60mg tablets;
  - saline nasal spray 0.65%; and
- Generic combination product: dextromethorphan-guaifenesin 10-100mg/5ml syrup, including sugar-free formulations.

X

(v) Prescription vitamins and mineral products, except prenatal vitamins and fluoride, for documented deficiency.

select

(vi) Nonprescription (OTC) drugs when determined by the department to be the least costly therapeutic alternative for a medically accepted indication: analgesics/antipyretics, antacids, antibacterial topical preparations, antidiarrheals, antiemetic/antivertigo agents, antiflatulants, antihistamines, antitussives, decongestants, electrolyte replacements, emetics, expectorants, eye antihistamines, fluoride preparations, hyperglycemics, inhalation agents, insulins,

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL  
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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## 12. a. Prescribed Drugs (continued)

laxatives, lipotropics, nasal preparations, topical antifungals, topical steroidal anti-inflammatories, topical antiparasitics, nicotine replacement patches and gum after completion of the nicotine replacement therapy supply available from the Dept. of Health under their smoking cessation program.

none (vii) Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee

X (viii) Barbiturates

X (ix) Benzodiazepines

X (x) Agents when used to promote smoking cessation (drugs not eligible under Part D and are not covered for dual-eligible clients):

- FDA-approved prescription drugs to promote smoking cessation will be covered, consistent with FDA guidelines, only for clients who are eighteen years of age or older and participating in a department-approved smoking cessation program.

     **No excluded drugs are covered.**

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL  
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State WASHINGTONAMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL  
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